

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6		1				
7			1			
8						
9						
10						
11						
12						
13		1				
14	1					
15						
16						
17						
18						
19	1					
20		1				
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	14	↔	↔	↔	↔	
TOTAL CLAIMS	20					

	•	•	•	•
1	51			
	52			
	53			
	54			
	55			
	56			
	57			
	58			
	59			
	60			
	61			
	62			
	63			
	64			
	65			
	66			
	67			
	68			
	69			
	70			
	71			
	72			
	73			
	74			
	75			
	76			
	77			
	78			
	79			
	80			
	81			
	82			
	83			
	84			
	85			
	86			
	87			
	88			
	89			
	90			
	91			
	92			
	93			
	94			
	95			
	96			
	97			
	98			
	99			
	100			
TOTAL IND.		↔	↔	↔
TOTAL DEP.		↔	↔	↔
TOTAL CLAIMS				